

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041861

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10802

STATE FILE NUMBER

FILED NOV 15 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Hamilton Medical Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 6418 North Drive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GUSSIE

Middle

Last

NEUMAN

4. DATE OF DEATH

Month Day Year
10-30-1963

5. SEX female

6. COLOR OR RACE white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Unknown

9. AGE (last birthday)

about 74

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (City and state or country)
USSR

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

(unk)

Price

13b. MOTHER'S MAIDEN NAME

(unk)

14. NAME OF HUSBAND OR WIFE

Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Frank Neuman 6418 North Drive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro vascular accident

INTERVAL BETWEEN ONSET AND DEATH
one week

DUE TO (b)

Arteriosclerosis

years

DUE TO (c)

33/X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from October 25/63 to death and last saw her alive on October 30, 1963

Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Bernard Hulbert, M.D.

22b. ADDRESS

8112 Delmar

22c. DATE SIGNED

Oct 31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
removal

23b. DATE

11-1-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Sinai Cem.

23d. LOCATION (City, town, or county)

Afton

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Berger Memorial 4715 McPherson

25. DATE RECD. BY LOCAL REG.

OCT 31 1963

26. REGISTRAR'S SIGNATURE

Roan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

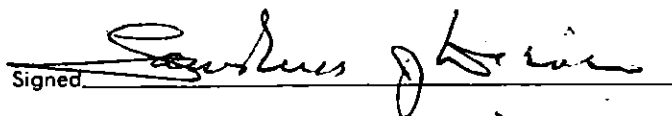
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 8988

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.